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CONFIRMATION NO. 4027

|   |   |                                   |  |   |
|---|---|-----------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/736,909  | <b>FILING OR 371(c)<br/>DATE</b><br>12/17/2003<br><b>RULE</b>   | <b>CLASS</b><br>370               | <b>GROUP ART UNIT</b><br>2616  | <b>ATTORNEY<br/>DOCKET NO.</b><br>58501.00046 |
| <b>APPLICANTS</b><br>Theodoros Salonidis, College Park, MD;<br>Leandros Tassiulas, Beltsville, MD;  |   |                                   |  |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/434,107 12/17/2002   |   |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br>** 03/24/2004  |   |                                   |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>MD | <b>SHEETS<br/>DRAWING</b><br>10  | <b>TOTAL<br/>CLAIMS</b><br>8                  |
|   |   |                                   |  | <b>INDEPENDENT<br/>CLAIMS</b><br>4            |
| <b>ADDRESS</b><br>32294   |   |                                   |  |   |
| <b>TITLE</b><br>Distributed bandwidth allocation and transmission coordination method for quality of service provision in wireless AD HOC networks  |   |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>493   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |